

## **EXHIBIT H-3**



Leave Request Form

To: HR Department

From: Nick Burre

Date: 12/13/21

I am requesting:

Annual Leave \_\_\_\_\_

Sick Leave X

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

For the following dates:

12/9, 12/10

Please submit this request to your Supervisor for approval.

Supervisor Approval: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Remarks: \_\_\_\_\_



Leave Request Form

To: HR Department

From: Nick Barone

Date: 11/10/30

I am requesting:

Annual Leave \_\_\_\_\_

Sick Leave X

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

For the following dates:

11/29

Please submit this request to your Supervisor for approval.

Supervisor Approval: \_\_\_\_\_

A handwritten signature in black ink, appearing to be "P. Barone", is written over the supervisor approval line.

Yes X

No \_\_\_\_\_

Date: 4/3/21

Remarks: \_\_\_\_\_



Leave Request Form

To: HR Department

From: Nick Barone

Date: 11/1/2021

I am requesting:

Annual Leave X

Sick Leave \_\_\_\_\_

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

For the following dates:

Nov. 2nd

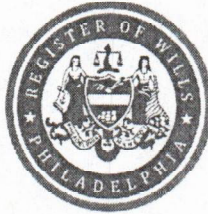
Please submit this request to your Supervisor for approval.

Supervisor Approval: [Signature]

Yes X No \_\_\_\_\_

Date: 11/1 Remarks: \_\_\_\_\_





Leave Request Form

To: HR Department

From: Nick Barone

Date: 11/8/21

I am requesting:

Annual Leave X

Sick Leave \_\_\_\_\_

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

For the following dates:

11/8/21

Please submit this request to your Supervisor for approval.

Supervisor Approval: [Signature]

Yes X No \_\_\_\_\_

Date: 11/9/21 Remarks: \_\_\_\_\_



Leave Request Form

To: HR Department

From: Nick Basone

Date: 8/23/21

I am requesting:

Annual Leave X

Sick Leave \_\_\_\_\_

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

For the following dates:

8/26/21

Please submit this request to your Supervisor for approval.

Supervisor Approval: [Signature]

Yes X No \_\_\_\_\_

Date: 8/23/21 Remarks: \_\_\_\_\_



**Leave Request Form**

To: Register of Wills – Tracey Gordon, Deputy Human Resources – Charmaine Collins

From: Nick Barone

Date: 5/19/21

**I am requesting:**

Annual Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Vacation Leave X

Other \_\_\_\_\_

**For the following dates:**

June 11<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>

Please submit this request to your supervisor for approval.

Supervisor Approval: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks : \_\_\_\_\_



SR



## Leave Request Form

To: Register of Wills – Tracey Gordon, Deputy Human Resources – Charmaine Collins

From: Nick Barone

Date: 5/19/21

### I am requesting:

Annual Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Vacation Leave X

Other \_\_\_\_\_

### For the following dates:

June 11<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>

Please submit this request to your supervisor for approval.

Supervisor Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks : \_\_\_\_\_



**Leave Request Form**

To: Register of Wills – Tracey Gordon, Deputy Human Resources – Charmaine Collins

From: Nick Barone

Date: 5/14

**I am requesting:**

Annual Leave X

Sick Leave \_\_\_\_\_

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

**For the following dates:**

5/18/21

**Please submit this request to your supervisor for approval.**

Supervisor Approval:

[Signature]

Yes

X

No

Remarks : \_\_\_\_\_



## Leave Request Form

To: Register of Wills – Tracey Gordon, Deputy Human Resources – Charmaine Collins

From: Nick Barone

Date: 5/11

### I am requesting:

Annual Leave \_\_\_\_\_

Sick Leave X

Vacation Leave \_\_\_\_\_

Other \_\_\_\_\_

### For the following dates:

5/10

Please submit this request to your supervisor for approval.

Supervisor Approval: [Signature]

Yes X No \_\_\_\_\_

Remarks : \_\_\_\_\_



**APRIL 2021**

WEDNESDAY THURSDAY FRIDAY SATURDAY

31 2 3

**LEAVE REQUEST FORM**

TO: REGISTER OF WILLS: TRACEY GORDON  
DEPUTY HUMAN RESOURCES: CHARMAINE COLLINS

FROM: Nick Barone  
DATE: 4/15/21

I AM REQUESTING:  
ANNUAL LEAVE ☒ VACATION LEAVE \_\_\_\_\_ COMPENSATORY \_\_\_\_\_  
SICK CERTIFIED \_\_\_\_\_ ANNUAL LEAVE \_\_\_\_\_

FOR THE FOLLOWING DATE(S):  
4/23

Please submit your request to your Supervisor.

Supervisor [Signature] YES ☒ NO \_\_\_\_\_

7.5 hours full day

Remarks \_\_\_\_\_